

Please type a plus sign (+) inside this box → [ + ]

1636  
PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U S Patent and Trademark Office, U S DEPARTMENT OF COMMERCE

Under the Paper Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/342,024
		Filing Date	Jun 28, 1999
		First Named Inventor	Nolan, Ed
		Group Art Unit	
		Examiner Name	
Total Number of Pages in This Submission	2	Attorney Docket Number	GTI-1120-CIP1

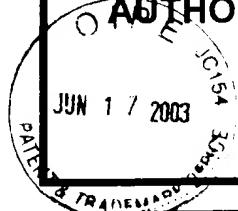
ENCLOSURES (check all that apply)			
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i>	<input type="checkbox"/> After Allowance Communication to Group	
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences	
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i>	
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information	
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter	
<input type="checkbox"/> Extension of Time Request	<input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below)	
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Return Post Card	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund		
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s)		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Biotechnology Law Group
Signature	
Date	9 June 2003

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on this date: <input type="text"/>			
Type or printed name	Hank Betke		
Signature			
Date	6-14-03		

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY OR  
AUTHORIZATION OF AGENT**

JUN 17 2003

Application Number	09/342,024
Filing Date	6/28/1999
First Named Inventor	Nolan, Ed
Title	High Efficiency Transfection Based on Low Electric Field Strength, Long Pulse Length
Group Art Unit	1636
Examiner Name	Leffers, Jr., Gerald
Attorney Docket Number	GTI-1120-CIP1

I hereby appoint:

 Practitioners at Customer Number 

OR

 Practitioner(s) named below:

Name	Registration Number
Daniel M. Chambers	34561
	JUN 8 2003
	TECH CENTER 1600/2900
	RECEIVED

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

 The above-mentioned Customer Number.

OR

 Practitioners at Customer Number 

OR

 Place Customer  
Number Bar Code  
Label here

<input type="checkbox"/> Firm or Individual Name	Biotechnology Law Group				
Address	658 Marsolan Avenue				
Address					
City	Solana Beach	State	CA	Zip	92075
Country					
Telephone	858-350-9690	Fax	858-350-9691		

I am the:

 Applicant/Inventor

 Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

**SIGNATURE of Applicant or Assignee of Record**

Name	Genetronics, Inc.
Signature	
Date	6/21/03

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

 \*Total of \_\_\_\_\_ forms are submitted.